

**EXHIBIT A**  
**CURRENT STATUS OF CLAIMS SUMMARY**

(Include certified claims register, trustees claims analysis, copies of Court Orders/Settlement Agreements, original confirmation letters regarding claims)

<b>Claim No.</b>	<b>Claimant</b>	<b>Status</b>
3	U.S. Trustee	Per letter dated 5/14/08, U.S. Trustee has one administrative claim in the amount of \$500.00
5	Eddie M. Choate	Claims Register shows \$5384.00 as priority. Actual claims states \$4,300.00 priority and \$1,084.00 as unsecured.
7	PNO, Ltd.	Amended by claim # 12 dated 2/14/00
13	Cynthia D. Poncio	Amended to \$4,300.00 as priority and \$1,313.84 as unsecured per letter dated 4/24/03.
14	Robert W. Gay	Amended to an general unsecured claim in the amount of \$10,000.00 per letter dated 7/3/02.
18	Evelyn Beeson	Withdrawn per letter dated 4/19/05.
19	Cynthia D. Poncio	Withdrawn per letter dated 4/24/03.
20	Cynthia D. Calvert	Claims Register shows claimant as Cynthia D. Poncio. Actual claim shows Cynthia D. Calvert as claimant.
21	Cynthia D. Calvert	Withdrawn per letter dated 10/31/01.
22	Sandra L. Stokes	Claims Register shows \$1,000 as unsecured. Actual claim shows \$1,000.00 as priority wages.
23	Dewayne F. Daugereau	Withdrawn per letter dated 10/31/01.
25	Beverly Curette	Per letter dated 9/14/01, claim is \$4,300.00 priority wages and \$800.96 unsecured.

26	U.S. Trustee	Per letter dated 5/14/08, U.S. Trustee has one administrative claim in the amount of \$500.00.
39	Carolyn Harris	Per letter dated 9/14/01, claim is for priority wages.
48	Dana Johnston Burnett	Claims Register shows \$7,000.00 as unsecured. Actual claim shows \$5000.00 as unsecured and \$2,000.00 as priority wages.
50	Beverly Curette	Per letter dated 9/19/04, claimant has one claim in the amount of \$4,300.00 priority wages and \$800.96 as unsecured. Paying creditor's claim # 25.
54	Diana K. Folsom	Withdrawn per letter dated 10/31/01.
55	Janice Marie Gibson	Withdrawn per letter dated 4/24/03.

## Southern District of Texas Claims Register

**99-39452 Summit Quality Health Services Inc**

**Judge Letitia Z. Clark**

**Debtor Name: SUMMIT QUALITY HEALTH SERVIC**

<b>Claim No: 1</b>	<i>Creditor Name:</i> Harris County/City of Houston P O Box 3064 Houston, TX 77253-3064	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 10/13/1999	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$0.00	
Secured	\$803.42	
Priority	\$0.00	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$803.42</b>	
<i>Description:</i>		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 2</b>	<i>Creditor Name:</i> Houston I S D P O Box 3064 Houston, TX 77253-3064	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 10/13/1999	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$0.00	
Secured	\$357.16	
Priority	\$0.00	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$357.16</b>	
<i>Description:</i>		
<i>Remarks:</i> Converted from BANCAP.		

		<i>Last Date to File Claims:</i> 04/13/2000
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<b>Claim No: 3</b>	<i>Creditor Name:</i> U S Trustee 515 Rusk,Suite 3516 Houston, TX 77002	<i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 10/22/1999	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$0.00	
Secured	\$0.00	
Priority	\$500.00	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$500.00</b>	
<i>Description:</i>		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 4</b>	<i>Creditor Name:</i> Mitchell R Hinman P O Box 2408 Jasper, TX 75951	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 11/19/1999	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$0.00	
Secured	\$0.00	
Priority	\$1724.00	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$1724.00</b>	
<i>Description:</i> Wages ; .		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 5</b>	<i>Creditor Name:</i> Eddie M Choate 111 Norwood Lumberton, TX 77657	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 12/14/1999	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$0.00	

Secured	\$0.00	
Priority	\$5384.00	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$5384.00</b>	
<i>Description:</i> Wages ; .		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 6</b>	<i>Creditor Name:</i> Lilieth J Landry 1200 Rosedale Port Arthur, TX 77642	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 12/16/1999	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$0.00	
Secured	\$0.00	
Priority	\$720.00	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$720.00</b>	
<i>Description:</i> Wages ; .		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 7</b>	<i>Creditor Name:</i> PNO Ltd c/o 6060 Gulfon Houston, TX 77081 Attn: Joe Pryzant	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 01/04/2000	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$0.00	
Secured	\$7061.96	
Priority	\$3916.67	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$10978.63</b>	
<i>Description:</i>		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 8</b>	<i>Creditor Name:</i> Dewayne F Daugereau 3871 Verrett Orange, TX 77630	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 01/06/2000	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$0.00	
Secured	\$0.00	
Priority	\$900.00	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$900.00</b>	
<i>Description:</i> Wages ; .		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 9</b>	<i>Creditor Name:</i> Texas Workforce Commission T W C Building Austin, TX 78778	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 01/18/2000	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$0.00	
Secured	\$0.00	
Priority	\$1383.51	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$1383.51</b>	
<i>Description:</i>		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 10</b>	<i>Creditor Name:</i> Q Therapy Service 2414 Wyckchester Pearland, TX 77584	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 01/19/2000	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>

Class	Amount Claimed	Amount Allowed
Unsecured	\$2256.00	
Secured	\$0.00	
Priority	\$0.00	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$2256.00</b>	
<i>Description:</i>		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 11</b>	<i>Creditor Name:</i> Lorrie L Patterson NO ADDRESS	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 02/01/2000	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Unsecured	\$0.00	
Secured	\$0.00	
Priority	\$342.00	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$342.00</b>	
<i>Description:</i> Wages ; .		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 12</b>	<i>Creditor Name:</i> PNO Ltd c/o 6060 Gulfton Houston, TX 77081 Attn: Joe Pryzant	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 02/14/2000	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Unsecured	\$8329.16	
Secured	\$0.00	
Priority	\$3916.67	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$12245.83</b>	

<i>Description:</i>
<i>Remarks:</i> Converted from BANCAP.

<b>Claim No: 13</b>	<i>Creditor Name:</i> Cynthia D Poncio 1630 Mosher Lane Houston, TX 77088	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Disallow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 02/24/2000	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i> 19
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$0.00	
Secured	\$0.00	
Priority	\$5613.84	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$5613.84</b>	

<i>Description:</i> Wages ; .
<i>Remarks:</i> Converted from BANCAP.

<b>Claim No: 14</b>	<i>Creditor Name:</i> Robert W Gay c/o 1001 Texas Avenue, Suite 930 Houston, TX 77002 Attn: Alfred Bennett	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Disallow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 02/29/2000	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$5000.00	
Secured	\$5000.00	
Priority	\$0.00	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$10000.00</b>	

<i>Description:</i> Stockholder ; .
<i>Remarks:</i> Converted from BANCAP.

<b>Claim No: 15</b>	<i>Creditor Name:</i> Laboratory Corporation of America c/o 300 East Main St, Suite 405 Lexington, KY 40507 Attn: Karen Irving	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Disallow <i>Docket Status:</i> <i>Late:</i>
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<i>Claim Date:</i> 03/21/2000	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$7108.50	
Secured	\$0.00	
Priority	\$0.00	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$7108.50</b>	
<i>Description:</i>		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 16</b>	<i>Creditor Name:</i> Jose Vincente P. Limjoco 2204 Allan Court Nederland, TX 77627	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 07/10/2000	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$6320.00	
Secured	\$0.00	
Priority	\$1000.00	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$7320.00</b>	
<i>Description:</i> wages fr Apr 1999 to Aug 1999 ; .		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 17</b>	<i>Creditor Name:</i> Jackie S. Diggles PO Box 1553 Newton, TX 75966	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 04/23/2001	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$1050.00	
Secured	\$0.00	
Priority	\$0.00	
Unknown	\$0.00	

Admin	\$0.00	
<b>Total</b>	<b>\$1050.00</b>	
<i>Description:</i>		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 18</b>	<i>Creditor Name:</i> Evelyn Beeson, R.N. John Werner, Reaud, Morgan & Quinn 801 Laurel PO Box 26005 Beaumont, TX 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 04/26/2001	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$4521.40	
Secured	\$0.00	
Priority	\$1577.60	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$6099.00</b>	
<i>Description:</i> Claim Withdrawn on 5/9/02		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 19</b>	<i>Creditor Name:</i> Cynthia D Poncio 1630 Mosher Lane Houston, TX 77088	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 05/04/2001	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 13 <i>Duplicated By Claim No:</i> 20
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$5613.84	
Secured	\$0.00	
Priority	\$0.00	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$5613.84</b>	
<i>Description:</i> #13 filed 02/24/01 ; Wages 8/27/99 to 9/24/99.		
<i>Remarks:</i> Converted from BANCAP.		

		<i>Last Date to File Claims:</i> 04/13/2000
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<b>Claim No: 20</b>	<i>Creditor Name:</i> Cynthia D Poncio 1630 Mosher Lane Houston, TX 77088	<i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 05/04/2001	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 19 <i>Duplicated By Claim No:</i> 21
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$0.00	
Secured	\$0.00	
Priority	\$2137.58	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$2137.58</b>	
<i>Description:</i> wages ; fr 8/17/99 to 9/24/99.		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 21</b>	<i>Creditor Name:</i> Cynthia D Calvert <i>PONCIO</i> 14923 Beatty Dr Humble, TX 77396	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 05/04/2001	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 20 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$0.00	
Secured	\$0.00	
Priority	\$2137.58	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$2137.58</b>	
<i>Description:</i> wages ; fr 8/27/99 to 9/24/99.		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 22</b>	<i>Creditor Name:</i> Sandra L. Stokes 332 E. Wilkins League City, TX 77573-3217	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 05/30/2001	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$1000.00	

Secured	\$0.00	
Priority	\$0.00	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$1000.00</b>	
<i>Description:</i>		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 23</b>	<i>Creditor Name:</i> Dewayne F Daugereau 3871 Verrett Orange, TX 77630	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 06/29/2001	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$0.00	
Secured	\$0.00	
Priority	\$900.00	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$900.00</b>	
<i>Description:</i> wages ; .		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 24</b>	<i>Creditor Name:</i> Texas Comptroller of Pub Accts Revenue Accounting Division Bky Section PO Box 13528 Austin, TX 78711-3528	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 07/23/2001	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$0.00	
Secured	\$0.00	
Priority	\$1044.27	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$1044.27</b>	
<i>Description:</i> taxes ; .		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 25</b>	<i>Creditor Name:</i> Beverly Curette 2948 E 7th Street Port Arthur, TX 77642	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 04/10/2000	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$4300.00	
Secured	\$0.00	
Priority	\$800.96	
Unknown	\$0.00	
Admin	\$0.00	
<b>Total</b>	<b>\$5100.96</b>	
<i>Description:</i> wages (4,300.00) ; .		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 26</b>	<i>Creditor Name:</i> United States Trustee for the Southern District of Texas 515 Rusk, Suite 3516 Houston, TX 77002	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> Allow <i>Docket Status:</i> <i>Late:</i>
<i>Claim Date:</i> 02/01/2002	<i>Amends Claim No:</i> 0 <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 0 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$0.00	
Secured	\$0.00	
Priority	\$0.00	
Unknown	\$0.00	
Admin	\$250.00	
<b>Total</b>	<b>\$250.00</b>	
<i>Description:</i>		
<i>Remarks:</i> Converted from BANCAP.		

<b>Claim No: 27</b>	<i>Creditor Name:</i> Janice Marie Gibson 1616 Hwy 365 # 27 Nederland, TX 77627	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>

Class	Amount Claimed	Amount Allowed
Priority	\$200.00	
<b>Total</b>	<b>\$200.00</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 28</b>	<i>Creditor Name:</i> David Doiron 5136 Procter St. Port Arthur, TX 77642	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2002	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Priority	\$1412.00	
<b>Total</b>	<b>\$1412.00</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 29</b>	<i>Creditor Name:</i> Ben Mazzola c/o John Werner 801 Laurel P O Box 26005 Beaumont, TX 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Unsecured	\$5000.00	
<b>Total</b>	<b>\$5000.00</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 30</b>	<i>Creditor Name:</i> Jennifer Maxey P O Box 881 Pineland, TX 75968	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Unsecured	\$30.00	

Priority	\$448.00	
<b>Total</b>	<b>\$478.00</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 31</b>	<i>Creditor Name:</i> Tana S. Rhodes Rt Box 1758 Kirbyville, TX 75956	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$17.50	
Priority	\$3293.21	
<b>Total</b>	<b>\$3310.71</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 32</b>	<i>Creditor Name:</i> Adrienne A. Casimie c/o John Werner 801 Laurel P O Box 26005 Beaumont, TX 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Priority	\$1700.00	
<b>Total</b>	<b>\$1700.00</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 33</b>	<i>Creditor Name:</i> Edna Gaye Cox C/O John Werner 801 Laurel PO Box 26005 Beaumont, TX 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$5000.00	



<b>Total</b>	<b>\$5000.00</b>
<i>Description:</i>	
<i>Remarks:</i>	

<b>Claim No: 34</b>	<i>Creditor Name:</i> Rebecca W. Trahan 1205 W. Cherny Orange, TX 77630	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 05/06/2002	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Priority	\$361.50	
<b>Total</b>	<b>\$361.50</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 35</b>	<i>Creditor Name:</i> Ronald Duane Jones C/O John Werner 801 Laurel P O Box 26005 Beaumont, TX 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Priority	\$2804.88	
<b>Total</b>	<b>\$2804.88</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 36</b>	<i>Creditor Name:</i> Thomas Santos Vegas C/O John Werner 801 Laurel P O Box 26005 Beaumont, TX 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Priority	\$3672.53	
<b>Total</b>	<b>\$3672.53</b>	
<i>Description:</i>		
<i>Remarks:</i>		



Remarks:

<b>Claim No: 37</b>	<i>Creditor Name:</i> Margaret Kern C/O John Werner 801 Laurel P O Box 26005 Beaumont, TX 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Priority	\$1118.68	
<b>Total</b>	<b>\$1118.68</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 38</b>	<i>Creditor Name:</i> Gloria T. Pierre C/O John Werner P O Box 26005 Beaumont, TX 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Priority	\$1148.00	
<b>Total</b>	<b>\$1148.00</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 39</b>	<i>Creditor Name:</i> Carolyn Harris C/O John Werner 801 Laurel P O Box 26005 Beaumont, TX 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$3375.00	
<b>Total</b>	<b>\$3375.00</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 40</b>	<i>Creditor Name:</i> Toniette Marie Salyers c/o John Werner 801 Laurel P O Box 26005 Beaumont, TX 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$541.48	
Priority	\$3465.71	
<b>Total</b>	<b>\$4007.19</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 41</b>	<i>Creditor Name:</i> Sandra D. Wells c/o John Werner 801 Laurel P O Box 26005 Beaumont, TX 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Priority	\$4074.76	
<b>Total</b>	<b>\$4074.76</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 42</b>	<i>Creditor Name:</i> Melba Odom c/o John Werner 801 Laurel P O Box 26005 Beaumont, TX 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Priority	\$3904.56	
<b>Total</b>	<b>\$3904.56</b>	
<i>Description:</i>		
<i>Remarks:</i>		

	<i>Creditor Name:</i> Nancy Martin	<i>Last Date to File Claims:</i> 04/13/2000
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<b>Claim No: 43</b>	c/o John Werner 801 Laurel P O Box 26005 Beaumont, TX 77720-6005	<i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$3115.00	
Priority	\$2635.69	
<b>Total</b>	<b>\$5750.69</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 44</b>	<i>Creditor Name:</i> Jacqueline Unger c/o John Werner 801 Laurel P O Box 26005 Beaumont, TX 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$692.00	
Priority	\$3181.86	
<b>Total</b>	<b>\$3873.86</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 45</b>	<i>Creditor Name:</i> Marianne Snyder c/o John Werner 801 Laurel P O Box 26005 Beaumont, TX 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$5000.00	
Priority	\$2048.00	
<b>Total</b>	<b>\$7048.00</b>	
<i>Description:</i>		
<i>Remarks:</i>		

		<i>Last Date to File Claims:</i>
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<b>Claim No: 46</b>	<i>Creditor Name:</i> Debra Adams c/o John Werner 801 Laurel P O Box 26005 Beaumont, TX 7720-6005	04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Priority	\$2310.17	
<b>Total</b>	<b>\$2310.17</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 47</b>	<i>Creditor Name:</i> Dorothy Love c/o John Werner 801 Laurel P O Box 26005 Beaumont, TX 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$1224.00	
Priority	\$757.70	
<b>Total</b>	<b>\$1981.70</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 48</b>	<i>Creditor Name:</i> Dana Johnston Burnett c/o John Werner 801 Laurel P O Box 26005 beaumont, TX 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$7000.00	
<b>Total</b>	<b>\$7000.00</b>	
<i>Description:</i>		
<i>Remarks:</i>		

	<i>Creditor Name:</i> Shalana Olds c/o John Werner	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i>
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<b>Claim No: 49</b>	801 Laurel PO Box 26005 Beaumont, TX 77720-6005	<i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Priority	\$1125.00	
<b>Total</b>	<b>\$1125.00</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 50</b>	<i>Creditor Name:</i> Beverly Curette 2948 E 7th Street Port Arthur, TX 77642	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$4300.00	
Priority	\$800.96	
<b>Total</b>	<b>\$5100.96</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 51</b>	<i>Creditor Name:</i> Mary E. Hall c/o John Werner 801 Laurel P O Box 26005 Beaumont, TX 77720-60005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/13/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Priority	\$804.00	
<b>Total</b>	<b>\$804.00</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 52</b>	<i>Creditor Name:</i> Evelyn Beeson, R.N. John Werner, Reaud, Morgan & Quinn 801 Laurel PO Box 26005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i>
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	Beaumont, TX 77720-6005	Late: N
Claim Date: 01/13/2000	Amends Claim No: Amended By Claim No:	Duplicates Claim No: Duplicated By Claim No:
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$4521.40	
Priority	\$1577.60	
<b>Total</b>	<b>\$6099.00</b>	
Description:		
Remarks:		

<b>Claim No: 53</b>	Creditor Name: Agathia Traylor c/o John Werner 801 Laurel P O Box 26005 Beaumont, TX 77729-6005	Last Date to File Claims: 04/13/2000 Last Date to File (Govt): Filing Status: Docket Status: Late: N
Claim Date: 01/13/2000	Amends Claim No: Amended By Claim No:	Duplicates Claim No: Duplicated By Claim No:
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Priority	\$1322.00	
<b>Total</b>	<b>\$1322.00</b>	
Description:		
Remarks:		

<b>Claim No: 54</b>	Creditor Name: Diana Folsom c/o John Werner 801 Laurel P O Box 26005 Beaumont, TX 7720-6005	Last Date to File Claims: 04/13/2000 Last Date to File (Govt): Filing Status: Docket Status: Late: N
Claim Date: 01/13/2000	Amends Claim No: Amended By Claim No:	Duplicates Claim No: Duplicated By Claim No: 56
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$3000.00	
Secured	\$1514.15	
<b>Total</b>	<b>\$4514.15</b>	
Description:		
Remarks:		

<b>Claim No: 55</b>	Creditor Name: Janice Marie Gibson 1616 Hwy 365 # 27 Nederland, TX 77627	Last Date to File Claims: 04/13/2000 Last Date to File (Govt): Filing Status: Docket Status:
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		Late: N
Claim Date: 01/13/2000	Amends Claim No: Amended By Claim No:	Duplicates Claim No: Duplicated By Claim No:
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Priority	\$200.00	
<b>Total</b>	<b>\$200.00</b>	
Description:		
Remarks:		

<b>Claim No: 56</b>	Creditor Name: Diana Folsom c/o John Werner 801 Laurel P O Box 26005 Beaumont, TX 7720-6005	Last Date to File Claims: 04/13/2000 Last Date to File (Govt): Filing Status: Docket Status: Late: N
Claim Date: 07/19/2000	Amends Claim No: Amended By Claim No:	Duplicates Claim No: 54 Duplicated By Claim No:
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$3000.00	
Priority	\$1514.15	
<b>Total</b>	<b>\$4514.15</b>	
Description: Wages		
Remarks: (n/a)		

<b>Claim No: 57</b>	Creditor Name: Sandra Wash 1827 Eagle League City, Texas 77573	Last Date to File Claims: 04/13/2000 Last Date to File (Govt): Filing Status: Docket Status: Late: N
Claim Date: 05/23/2002	Amends Claim No: Amended By Claim No:	Duplicates Claim No: Duplicated By Claim No:
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Priority	\$2085.00	
<b>Total</b>	<b>\$2085.00</b>	
Description:		
Remarks:		

<b>Claim No: 58</b>	Creditor Name: Carolyn M. Helest 6440 Carolyn Lane Lumberton, TX 77657	Last Date to File Claims: 04/13/2000 Last Date to File (Govt): Filing Status: Docket Status: Late: N
HEBERT		



<i>Claim Date:</i> 04/03/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$5356.47	
Priority	\$92.57	
<b>Total</b>	<b>\$5449.04</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 59</b>	<i>Creditor Name:</i> Tonia Howerton c/o John Werner Reaud, Morgan & Quinn, Inc. 801 Laurel P O Box 26005 Beaumont, TX 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 04/03/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Priority	\$1489.00	
<b>Total</b>	<b>\$1489.00</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 60</b>	<i>Creditor Name:</i> Stacey Sane <i>SAM</i> John Werner 801 Laurel P O Box 26005 Beaumont, TX 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 04/03/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Priority	\$600.00	
<b>Total</b>	<b>\$600.00</b>	
<i>Description:</i> Wages		
<i>Remarks:</i>		

<b>Claim No: 61</b>	<i>Creditor Name:</i> Susan G. Herrington P O Box 21846 Beaumont, Texas 77720	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 04/03/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>



Unsecured	\$40.00	
Priority	\$4244.59	
<b>Total</b>	<b>\$4284.59</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 62</b>	<i>Creditor Name:</i> Bradley M Thibodaux 801 Laurel P O Box 26005 Beaumont, Texas 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 04/03/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$8706.64	
Priority	\$4300.00	
<b>Total</b>	<b>\$13006.64</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 63</b>	<i>Creditor Name:</i> Gloria Richard 4745 Beaumont Dr. Bmt, Tx 77708	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 04/03/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Priority	\$3708.00	
<b>Total</b>	<b>\$3708.00</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 64</b>	<i>Creditor Name:</i> Jeanella Smith 3048 29th St Port Arthur, Texas 77642	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 04/03/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>

Priority	\$3300.00	
<b>Total</b>	<b>\$3300.00</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 65</b>	<i>Creditor Name:</i> Darren Paul Jacobs 801 Laurel Post Office Box 26005 Beaumont, Texas 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 04/03/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i> 68
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$1000.00	
<b>Total</b>	<b>\$1000.00</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 66</b>	<i>Creditor Name:</i> Tina McDaniel 801 Laurel Post Office Box 26005 Beaumont, Texas 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 04/03/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$512.00	
<b>Total</b>	<b>\$512.00</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 67</b>	<i>Creditor Name:</i> Kenneth Cockrill 255 S. G Vidor, Texas 77662	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 04/03/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$5556.40	
Priority	\$4300.00	

<b>Total</b>	<b>\$9856.40</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 68</b>	<i>Creditor Name:</i> Darren Paul Jacobs 801 Laurel Post Office Box 26005 Beaumont, Texas 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 06/12/2002	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> 65 <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Priority	\$1000.00	
<b>Total</b>	<b>\$1000.00</b>	
<i>Description:</i> Wages		
<i>Remarks:</i> (n/a)		

<b>Claim No: 69</b>	<i>Creditor Name:</i> Brenda Roberts 801 Laurel Post Office Box 26005 Beaumont, Texas 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 04/03/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$146.16	
Priority	\$730.80	
<b>Total</b>	<b>\$876.96</b>	
<i>Description:</i>		
<i>Remarks:</i>		

<b>Claim No: 70</b>	<i>Creditor Name:</i> Shandalyn Robinson 801 Laurel Post Office Box 26005 Beaumont, Texas 77720-6005	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 04/03/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$1198.94	
Priority	\$607.12	

<b>Total</b>	<b>\$1806.06</b>
<i>Description:</i>	
<i>Remarks:</i>	

<b>Claim No: 71</b>	<i>Creditor Name:</i> Lewanna Jones 1167 W. Lucas Bmt, Texas 77706	<i>Last Date to File Claims:</i> 04/13/2000 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 04/03/2000	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
<b>Class</b>	<b>Amount Claimed</b>	<b>Amount Allowed</b>
Unsecured	\$25566.68	
Priority	\$4300.00	
<b>Total</b>	<b>\$29866.68</b>	
<i>Description:</i>		
<i>Remarks:</i>		

### Claims Register Summary

**Case Name:** Summit Quality Health Services Inc

**Case Number:** 1999-39452

**Chapter:** 7

**Date Filed:** 09/30/1999


**Total Number Of Claims:** 71

	Total Amount Claimed	Total Amount Allowed
<b>Unsecured</b>	\$129784.73	
<b>Secured</b>	\$13222.54	
<b>Priority</b>	\$102885.30	
<b>Unknown</b>	\$0.00	
<b>Administrative</b>	\$250.00	
<b>Total</b>	<b>\$246142.57</b>	

**TRUE COPY I CERTIFY**

**ATTEST:**

**MICHAEL N. MILBY, CLERK**

By  Deputy Clerk



**U.S. Department of Justice**  
*Office of the United States Trustee*  
*Southern District of Texas*

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515 Rusk, Suite 3516  
Houston, Texas 77002  
Telephone/ (713)718-4650  
FAX/(713)718-4670  
Writer's Direct Dial/(713)718-4679

May 14, 2008

Kenneth P. Havis  
14 N 10th St  
P.O. Box 750  
Navasota, TX 77868

Re: Case Name: In re: Summit Quality  
Case Number: 99-39452

Dear Mr. Havis:

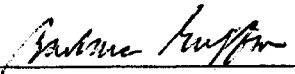
Please accept this correspondence as confirmation by the Office of the United States Trustee for the Southern District of Texas that the quarterly fees assessed in this matter, during its pendency as a Chapter 11, have not been paid.

Therefore, please be advised that the Office of the United States Trustee possesses an administrative claim in the amount of Five Hundred Dollars (\$500.00).

If you have any comments or questions, please do not hesitate to contact the undersigned individual at (713) 718-4650, ext. 225.

Sincerely,

CHARLES F. MCVAY  
UNITED STATES TRUSTEE

By:   
Barbara Griffin  
Bankruptcy Analyst

cc: Elizabeth Dodson  
Paralegal Specialist

FORM B10 (Official Form 10) (4/98)

UNITED STATES BANKRUPTCY COURT <u>SOUTHERN</u> DISTRICT OF <u>TEXAS, Houston Div.</u>		PROOF OF CLAIM
Name of Debtor <u>SUMMIT QUALITY HEALTH SERVICES, INC.</u>		Case Number <u>99-39452</u>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <u>EDDIE M. NORTE</u>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: <u>111 NORWOOD</u> <u>LUMBERTON, TX 77657</u>	Telephone number: <u>409-755-3498</u>	
Account or other number by which creditor identifies debtor: <u>WAGE CLAIM # 99-012568-6</u>		THIS SPACE IS FOR COURT USE ONLY
Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends		
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: <u>464 80 2934</u> Unpaid compensation for services performed from <u>7/1/99</u> to <u>7/31/99</u> <div style="text-align: center;">(date) (date)</div>		
2. Date debt was incurred: <u>7-23-99</u>		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ <u>5384.00</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority <u>\$ 7300</u> Specify the priority of the claim: <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date <u>12/13/99</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Mark Norte</u>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

<b>UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF TEXAS</b>		<b>AMENDED PROOF OF CLAIM</b>	
In re (Name of Debtor) <b>SUMMIT QUALITY HEALTH SERVICES, INC.</b>		Case Number: 99-39452-H3-11	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor: (The person or other entity to whom the debtor owes money or property) <b>1919 North Loop, L.P.</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if address differs from the address on the envelope sent to you by the court.	
Name and Address Where Notices Should be Sent PNO, Ltd. c/o Joe Pryzant 6060 Gulfport Houston, Texas 77081			
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:		Check here if this claim <input type="checkbox"/> replaces a previous filed claim, <input type="checkbox"/> amends dated: _____	
1. BASIS FOR CLAIM: <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (describe briefly) <b>LEASE DEFAULT</b>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. DATE DEBT WAS INCURRED: <b>02/28/94 as modified 08/21/97</b>		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES below that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.			
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest.  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly):  Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____		Specify the priority of the claim.  Wages, salaries, or commissions up to \$4000*, earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier—11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan—11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use—11 U.S.C. § (507)(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child—11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties of governmental units—11 U.S.C. § 507(a)(8) <input checked="" type="checkbox"/> Other-Specify applicable paragraph of 11 U.S.C. § 507(a) * Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after date of adjustment. 11 U.S.C. § 507(a)(1) POST PETITION RENT	
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ <b>8,329.16</b> A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.			
<input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM \$ <b>3,916.67</b>			
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: <b>\$ 8,329.16</b> (Unsecured) <b>\$</b> (Secured) <b>\$ 3,916.67</b> (Priority) <b>\$ 12,245.83</b> (Total)			
<input type="checkbox"/> Check this box if claim charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges			
6. CREDITS AND SETOFFS. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.			
7. SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests to original and each copy. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8. DATE-STAMPED COPY. To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and additional copy of this proof of claim.			
DATE: <b>2/14/2000</b> Sign and print the name and title, if any of the creditor or other person authorized to file this claim (attach a copy of power of attorney, if any): <b>F. P. CRIBBS, JR., ATTORNEY FOR 1919 NORTH LOOP WEST, LP</b>			



**AMENDED  
PROOF OF CLAIM****SUMMIT QUALITY HEALTH SERVICES, INC.  
CAUSE NO. 99-39452-H3-11****EXHIBIT A****1. Damages from Breach of Lease  
Lesser of:**

A.(1) Actual Damages  
 Rent 11/18/99 - 02/28/00  
 At \$2,500.00 per month 8,499.96

(2) Tenant's share of common area  
 maintenance charges 1,267.20  
**\$ 9,767.16**

**OR**

A. Formula:  
 Greater of:  
 (i) 15% of actual damages  
       \$9,767.16 x .15                      1,465.07

**OR**

(ii) 1 year rent  
       \$2,500.00 x 12                      30,000.00

30,000.00

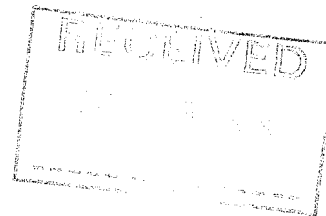
Less: Security Deposit                      9,767.16  
   1,438.00  
   **8,329.16**

**2. Post Petition Rents Prior to Rejection of Lease  
10/1/99 - 11/17/99  
at 2,500.00 per month**3,916.67**\$12,245.83**



WILSON, CRIBBS, GOREN & FLAUM

ATTORNEYS AT LAW  
A PROFESSIONAL CORPORATION  
2200 LYRIC CENTRE  
440 LOUISIANA  
HOUSTON, TEXAS 77002  
TELEPHONE (713) 222-9000  
FACSIMILE (713) 229-8824  
INTERNET: WCGF@WCGF.COM



FERDINAND P. CRIBBS, JR.  
Board Certified  
Business Bankruptcy Law  
Texas Board of Legal Specialization

Direct Dial No.  
(713) 547-8509

February 14, 2000

Michael Milby, Clerk  
United States Bankruptcy Court  
515 Rusk, 4th Floor  
Houston, Texas 77001

VIA MESSENGER

RE: Cause No. 99-39450; *Unique Dawning, Inc.*, *Unique Dawning CMHC, Inc.*, *Summit Quality Health Services, Inc.*; In the United States Bankruptcy Court for the Southern District of Texas, Houston Division (Our File No. 5024-8)

Dear Sir:

Enclosed please find an original and two copies of the following document for filing in the above-styled bankruptcy proceeding:

➤ **Amended Proof of Claim [\$12,245.83]**

Please place your file mark on the extra copy and return to me via the messenger delivering same. By copy of this letter and its enclosure, all parties and counsel of record are being notified of this filing.

If you have any questions regarding the above, please do not hesitate to call.

Very truly yours,

*Vanessa Griffin*

Vanessa Griffin, Assistant to  
F. P. Cribbs, Jr.

FPC/vg

G:\Clients\4077\081\CLERK 1LTR.WPD

Enclosure

cc: David R. Jones  
File

KENNETH R. HAVIS  
Chapter 7 Bankruptcy Trustee  
P.O. Box 750  
Navasota, TX 77868  
(936) 825-7982 FAX (936) 825-8013

Cynthia D. Poncio  
1630 Mosher Lane  
Houston, Texas 77088

April 24, 2003

RE: Summit Quality Health Services, inc.  
Bankruptcy #99-39452-H3-7

Dear Ms. Poncio:


I am the Trustee of the captioned bankruptcy estate. In reviewing the claims filed, I noticed that you had filed two Proof of Claims.

The U.S. Trustee is now requiring Trustees to have claim amounts and status cleared up or objected to the claim. Therefore, I ask that you please sign the statement at the bottom of this letter indicating your withdrawal of one of the claims and return it to me by facsimile or by mail within 10 days of the date of this letter.

If the Trustee does not receive a reply on or before May 2, 2003 he will file an objection to your claims.

Thank you for your assistance.

Sincerely,

  
Kenneth R. Havis, Trustee

5-1-03

DATE

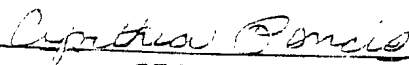
Summit Quality Health, Inc.  
99-39452-H3-7

I STATE THAT I AM the same Cynthia D. Poncio who filed claims 13 and 19.  
I WISH TO withdraw PROOF OF CLAIM:

       #13 filed 2/24/2000 in the amount of \$5613.84 priority

✓ #19 filed 5/4/2001 in the amount of \$5613.84 unsecured

I also wish to amend claim # 13 to be 4300.00 as priority and 1313.84 as unsecured.

  
SIGNATURE

KENNETH R. HAVIS  
CHAPTER 7 BANKRUPTCY TRUSTEE

P.O. BOX 750  
NAVASOTA, TX 77868  
(936) 825-7982  
(936) 825-8013 FAX

June 3, 2002

Robert W. Gay  
c/o Alfred H. Bennett  
Law Office of Alfred H. Bennett  
1811 Southmore Blvd  
Houston, Tx 77004


RE: Summit Quality Health Services, Inc.  
Case No.99-39452

Dear Mr. Bennett:

I am the chapter 7 bankruptcy trustee for Summit Quality Health Services and I am reviewing the claims filed in this case, I noticed that you filed a partially secured claim in this estate on behalf of Robert W. Gay in the amount of \$10,000.00. You state the basis for your claim is stock. There is no support attached for your claim. Additionally, the entire claim would be a general unsecured claim, not secured. You must either withdraw or amend your claim to be a general unsecured claim. Otherwise, I will instruct my attorney to file an objection to your claim with the Court. For your convenience, you may sign the bottom of this letter indicating your desire to change the claim to a general unsecured claim.

If I have not received a response from you by June 25, 2002, an objection to your claim will be filed.

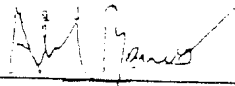
Sincerely,

  
Kenneth R. Havis, Trustee

7/5/02  
DATE

Summit Quality Health Services, Inc.  
99-39452

I am an authorized representative of the above creditor. I wish to amend claim # 14 to be a general unsecured claim in the amount of \$ 10,000.00.



KENNETH R. HAVIS  
Chapter 7 Bankruptcy Trustee  
P.O. Box 750  
Navasota, TX 77868  
(936) 825-7981 FAX (936) 825-8013

Evelyn Beeson  
c/o John Werner, Reaard, Morgan & Quinn  
801 Laurel  
P.O. Box 26005  
Beaumont, Tx 77720-6005

April 19, 2005

RE: Summit Quality Health Services, Inc.  
99-39452

Dear Mr. Werner:

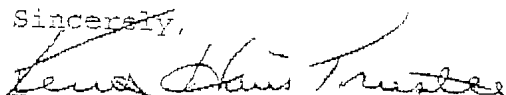
I am the Trustee of the captioned bankruptcy estate. In reviewing the claims, I noticed that there are two proofs of claim filed for Ms. Beeson in the above bankruptcy estate: Claim #18 in the amount of \$6,099.00 and claim # 52 in the amount of \$6,099.00. The claims appear to be duplicated. One of the claims must be withdrawn or the trustee must file an objection.

The most expedient way to clear this matter is for you to sign the statement at the bottom of this page withdrawing the claim. I will then include your statement in the Trustee's Final Report.

Since I am in the final stages of closing this case, I ask that you send the statement back by mail or facsimile within 10 days of the date of this letter (April 19, 2005) so that I do not have to file an objection to the claim.

Thank you for your attention to this.

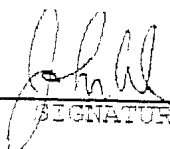
Sincerely,

  
Kenneth R. Havis, Trustee

Summit Quality Health Services, Inc.  
99-39452

I AM THE DULY AUTHORIZED REPRESENTATIVE OF Evelyn Beeson.

I WISH TO WITHDRAW PROOF OF CLAIM #18, dated 04/26/01 in the amount of \$6,099.00 because it is a duplicate of claim #52.

  
SIGNATURE

KENNETH R. HAVIS  
Chapter 7 Bankruptcy Trustee  
P.O. Box 750  
Navasota, TX 77868  
(936) 825-7982 FAX (936) 825-8013

Cynthia D. Calvert  
14923 Beatty Dr.  
Humble, Tx 77396

October 31, 2001

RE: Summit Quality Health Services, inc.  
Bankruptcy #99-39452-H3-7

Dear Ms. Calvert:

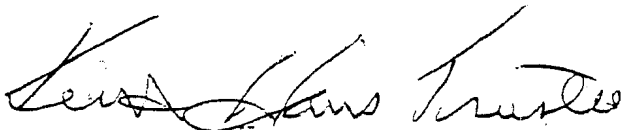
I am the Trustee of the captioned bankruptcy estate. In reviewing the claims filed, I noticed that you had filed duplicate claims:

Proof of Claim # 20, filed 2/20/00 in the amount of \$2,137.58  
and

Proof of Claim # 21, filed 2/20/00 in the amount of \$2,137.58

Please sign the statement at the bottom of this letter withdrawing one of the claims and return it to me, by facsimile or by mail, within 10 days to the date of this letter.

Yours sincerely,



Kenneth R. Havis, Trustee

11-5-01  
DATE

Summit Quality Health, Inc.  
99-39452-H3-7

I HEREBY STATE THAT I WISH TO WITHDRAW CLAIM # 21 BECAUSE IT IS A  
DUPLICATE OF CLAIM # 20

Cynthia D. Calvert  
SIGNATURE

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 1001



UNITED STATES BANKRUPTCY COURT <u>Southern</u> DISTRICT OF <u>TEXAS</u>		<b>PROOF OF CLAIM</b> United States Bankruptcy Court Southern District of Texas FILED <b>MAY 04 2001</b>  Michael N. Milby, Clerk  THIS SPACE IS FOR COURT USE ONLY
Name of Debtor: <u>Summit Quality Home Health</u>		
Case Number: <u>99-39452</u>		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <u>Cynthia D. Calvert</u>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent: <u>Cynthia D. Calvert</u> <u>14923 Beatty Dr.</u> <u>Humble, Texas 77396</u>		
Telephone number: <u>281-441-2898</u>		
Account or other number by which creditor identifies debtor: <u>Unique Dawning CASE #</u> <u>99-39450</u> <u>99-39451</u>		
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
2. Date debt was incurred: _____		
3. If court judgment, date obtained: _____		
4. Total Amount of Claim at Time Case Filed: <u>\$ 2137.58</u> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		
6. Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority <u>\$ 2137.58</u> Specify the priority of the claim: <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a)( ) _____ <small>*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
7. Credits: The amount of all payments on this claim has been credited and deducted for making this proof of claim.		
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If documents are not available, explain. If the documents are voluminous, attach a summary.		
9. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <u>2-20-00</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Cynthia D. Calvert</u> , <u>Cynthia D. Calvert</u>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 1571.		

UNITED STATES BANKRUPTCY COURT

Southern

DISTRICT OF

Texas

## PROOF OF CLAIM

Name of Debtor

Summit Quality Health Services Inc  
Unique Downing on the line

Case Number 99-39451

99-39452  
99-39452

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Sandra L. Stokes

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.☐ Check box if you have never received any notices from the bankruptcy court in this case.☐ Check box if the address differs from the address on the envelope sent to you by the court.

Name and address where notices should be sent:

Sandra Stokes

332 E. Wilkins

League City, TX 77573-3719

Telephone number: (281) 554-3438

United States Bankruptcy Court  
Southern District of Texas  
FILED

MAY 30 2001

Michael N. Milby, Clerk

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:

Check here

if this claim ☐ replaces

a previously filed claim, dated: \_\_\_\_\_

☐ amends

## 1. Basis for Claim

- ☐ Goods sold
- ☒ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- ☒ Wages, salaries, and compensation (fill out below).

Your SS #: 451 72 2002

Unpaid compensation for services performed

from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

## 2. Date debt was incurred:

Sept - 99

## 3. If court judgment, date obtained:

## 4. Total Amount of Claim at Time Case Filed:

\$ 1,000

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

- ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

## 5. Secured Claim.

- ☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

## 6. Unsecured Priority Claim.

- ☒ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ 1,000

Specify the priority of the claim:

- ☒ Wages, salaries, or commissions (up to \$4,300)\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$1,950\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

5-9-01

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Sandra L. Stokes

THIS SPACE IS FOR COURT USE ONLY



KENNETH R. HAVIS  
Chapter 7 Bankruptcy Trustee  
P.O. Box 750  
Navasota, TX 77868  
(936) 825-7982 FAX (936) 825-8013

Dewayne F. Daugereau  
3871 Verrett  
Orange, Texas 77630

October 31, 2001

RE: Summit Quality Health Services, Inc.  
99-39452-H3-7

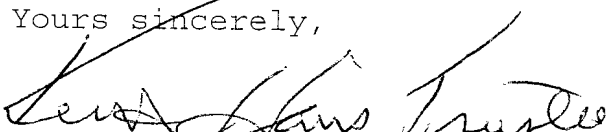
Dear Mr. Daugereau,

I am the Trustee of the captioned bankruptcy estate. In reviewing the claims, I noticed that you had filed duplicate claims:

Proof of Claim #8, filed 01/06/00 in the amount of \$900.00  
and  
Proof of Claim #23, filed 06/29/01 in the amount of \$900.00.

Please sign the statement at the bottom of this letter withdrawing one of the claims and return it to me, by facsimile or by mail, within 10 days of the date of this letter.

Yours sincerely,

  
Kenneth R. Havis, Trustee

11-03-01  
DATE

Summit Qual. Health Svcs.  
99-39452-H3-7

I HEREBY STATE THAT I WISH TO WITHDRAW CLAIM # 23 BECAUSE IT IS  
A DUPLICATE OF CLAIM # 8.

  
SIGNATURE

REAUD, MORGAN & QUINN, INC.

Glen W. Morgan  
Cris Quinn  
Bob Wortham  
Richard J. Clarkson  
Curtis W. Leister  
Mary F. Bradford  
Gary T. Cornwell  
John Werner  
David W. Ferrell  
J. Trenton Bond  
Chris Portner

LAWYERS  
801 Laurel Street  
P. O. Box 26005  
Beaumont, Texas 77720-6005

Wayne A. Reaud  
Of Counsel

Phone (409) 838-1000  
Fax (409) 833-8236

Joseph D. Deshotel

SEP 24 2001

September 19, 2001

Virginia Stakes  
Claims Clerk  
U.S. Bankruptcy Court  
Post Office Box 61010, Room 5300  
Houston, Texas 772088

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Re: Unique Dawning, Inc.  
Unique Dawning CMHC, Inc.  
Summit Quality Health Services, Inc.

Case No. 99-39450-H3-7  
Case No. 99-39451-H3-7  
Case No. 99-39452-H3-7

Dear Ms. Stakes:

As the authorized agent of claimant Beverley Curette, I wish to withdraw claim #31 filed in Unique Dawning, Inc., case number 99-39450-H3-7 and Unique Dawning CMHC, Inc., case number 99-39451-H3-7. This claim should be filed in Summit Quality Health Services, case number 99-39452-H3-7.

Attached is a copy of the claim showing it was filed with the Court on 04/10/00 as a claim for \$5,100.96 in wages, \$4,300.00 in priority and \$800.96 in non-priority.

Thank you for your cooperation and assistance in this matter.

Very truly yours,

REAUD, MORGAN & QUINN, INC.

By:   
John Werner

JW/dfa  
Enclosure

cc: David R. Jones, Esq.  
KIRKENDALL & ISGUR, L.L.P.  
700 Louisiana Street, Suite 4200  
Houston, Texas 77002-2725

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

REAUD, MORGAN & QUINN, INC.

Glen W. Morgan  
Cris Quinn  
Bob Wortham  
Richard J. Clarkson  
Curtis W. Leister  
Mary F. Bradford  
Gary T. Cornwell  
John Werner  
David W. Ferrell  
J. Trenton Bond  
Chris Portner

LAWYERS

801 Laurel Street  
P. O. Box 26005  
Beaumont, Texas 77720-6005

Wayne A. Reaud  
Of Counsel

Phone (409) 838-1000  
Fax (409) 833-8236

Joseph D. Deshotel

September 14, 2001

Virginia Stakes  
Claims Clerk  
U.S. Bankruptcy Court  
Post Office Box 61010, Room 5300  
Houston, Texas 772088

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Re: Unique Dawning, Inc.  
Unique Dawning CMHC, Inc.  
Summit Quality Health Services, Inc.

Case No. 99-39450-H3-7  
Case No. 99-39451-H3-7  
Case No. 99-39452-H3-7

Dear Ms. Stakes:

As the authorized agent of claimant Carolyn Harris, I wish to withdraw claim #18 filed in Unique Dawning, Inc., case number 99-39450-H3-7 and Unique Dawning CMHC, Inc., case number 99-39451-H3-7. This claim should be filed in Summit Quality Health Services, case number 99-39452-H3-7.

Attached is a copy of the claim showing it was filed with the Court on 01/13/00 as a priority claim for \$3,375.00.

Thank you for your cooperation and assistance in this matter.

Very truly yours,

REAUD, MORGAN & QUINN, INC.

By: 

John Werner

JW/dfa

cc: David R. Jones, Esq.  
KIRKENDALL & ISGUR, L.L.P.  
700 Louisiana Street, Suite 4200  
Houston, Texas 77002-2725

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

<b>United States Bankruptcy Court Southern District of Texas</b>	<b>PROOF OF CLAIM</b>
In re (Name of Debtors) <b>Unique Dawning, Inc., Unique Dawning, CMHC, Inc., Summit Quality Health Services, Inc.</b>	Case Numbers: <b>99-39450-H3-7 99-39451-H3-7 99-39452-H3-7</b>
<b>NOTE:</b> This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.	

Name of Creditor (The person or entity to whom the debtor owes money or property) <u>Dana Johnston Burnett</u>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and Addresses Where Notices Should be Sent  John Werner Reaud, Morgan & Quinn, Inc. 801 Laurel Post Office Box 26005 Beaumont, Texas 77720-6005	

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
JAN 13 2000  
Michael N. Milby, Clerk

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:	Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated
--	---

<b>1. BASIS FOR CLAIM</b>	
<input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input checked="" type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number <u>401-04-3339</u> Unpaid compensations for services performed from <u>July</u> to <u>August</u>
<b>2. DATE DEBT WAS INCURRED</b> May 1, 1999-Present	<b>3. IF COURT JUDGMENT, DATE OBTAINED:</b> N/A
<b>4. CLASSIFICATION OF CLAIM.</b> Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another.  CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.	

<p><input type="checkbox"/> SECURED CLAIM \$          Attach evidence of perfection of security interest          Brief Description of Collateral:    <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle          Other (Describe briefly)            Amount of arrearage and other charges included in secured claim above, if any \$    <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM  <u>\$2,000.00 - Bonus</u>            A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.</p>	<p><input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM \$ <u>2,000.00</u>          Specify the priority of the claim.    <input checked="" type="checkbox"/> Wages, salaries or commissions (up to \$4,300), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier) - 11 U.S.C. §507(a)(3)  <input type="checkbox"/> Contributions to an employee benefit plan - U.S.C. §507(a)(4)  <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. §507(a)(6)  <input type="checkbox"/> Taxes of penalties of governmental units - 11 U.S.C. §507(a)(7)  <input type="checkbox"/> Other - 11 U.S.C. §§507(a)(2), (a)(5) - (Describe briefly)</p>
---	--

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:	<u>\$ 1,000.00</u> (Unsecured)	<u>\$ 0</u> (Secured)	<u>\$ 2,000.00</u> (Priority)	<u>\$ 1,000.00</u> (Total)
<input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.				

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.	
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.	
8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	
Date  <u>Nov. 13, 1999</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  <u>Dana Johnson</u> <u>Dana Johnson Burnett</u> <u>(Billing Supervisor)</u>

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

REAUD, MORGAN & QUINN, INC.

Glen W. Morgan  
Cris Quinn  
Bob Wortham  
Richard J. Clarkson  
Curtis W. Leister  
Mary F. Bradford  
Gary T. Cornwell  
John Werner  
David W. Ferrell  
J. Trenton Bond  
Chris Portner

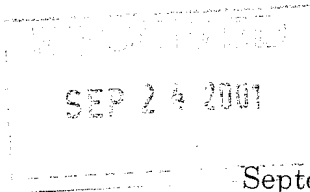
Joseph D. Deshotel

LAWYERS

801 Laurel Street  
P. O. Box 26005  
Beaumont, Texas 77720-6005

Wayne A. Reaud  
Of Counsel

Phone (409) 838-1000  
Fax (409) 833-8236



September 19, 2001

Virginia Stakes  
Claims Clerk  
U.S. Bankruptcy Court  
Post Office Box 61010, Room 5300  
Houston, Texas 772088

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Re: Unique Dawning, Inc.  
Unique Dawning CMHC, Inc.  
Summit Quality Health Services, Inc.

Case No. 99-39450-H3-7  
Case No. 99-39451-H3-7  
Case No. 99-39452-H3-7

Dear Ms. Stakes:

As the authorized agent of claimant Beverley Curette, I wish to withdraw claim #31 filed in Unique Dawning, Inc., case number 99-39450-H3-7 and Unique Dawning CMHC, Inc., case number 99-39451-H3-7. This claim should be filed in Summit Quality Health Services, case number 99-39452-H3-7.

Attached is a copy of the claim showing it was filed with the Court on 04/10/00 as a claim for \$5,100.96 in wages, \$4,300.00 in priority and \$800.96 in non-priority.

Thank you for your cooperation and assistance in this matter.

Very truly yours,

REAUD, MORGAN & QUINN, INC.

By: \_\_\_\_\_

John Werner

JW/dfa  
Enclosure

cc: David R. Jones, Esq.  
KIRKENDALL & ISGUR, L.L.P.  
700 Louisiana Street, Suite 4200  
Houston, Texas 77002-2725

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

KENNETH R. HAVIS  
Chapter 7 Bankruptcy Trustee  
P.O. Box 750  
Navasota, TX 77868  
(936) 825-7982 FAX (936) 825-8013

Diana K. Folsom  
Rt. 10 Box 263  
Orange, Tx 77630

October 31, 2001

RE: Summit Quality Health Services, inc.  
Bankruptcy #99-39452-H3-7

Dear Ms. Folsom:

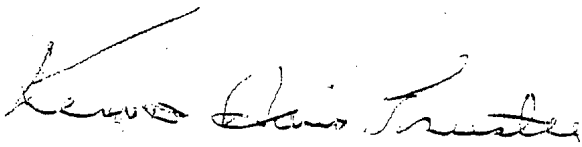
I am the Trustee of the captioned bankruptcy estate. In reviewing the claims filed, I noticed that you had filed duplicate claims:

Proof of Claim # 54, filed 7/19/00 in the amount of \$4,514.15  
and

Proof of Claim # 56, filed 7/19/00 in the amount of \$4,514.15

Please sign the statement at the bottom of this letter withdrawing one of the claims and return it to me, by facsimile or by mail, within 10 days fo the date of this letter.

Yours sincerely,

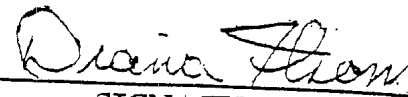


Kenneth R. Havis, Trustee

11/13/01  
DATE

Summit Quality Health, Inc.  
99-39452-H3-7

I HEREBY STATE THAT I WISH TO WITHDRAW CLAIM # 54 BECAUSE IT IS A  
DUPLICATE OF CLAIM # 56

  
SIGNATURE



KENNETH R. HAVIS  
Chapter 7 Bankruptcy Trustee  
P.O. Box 750  
Navasota, TX 77868  
(936) 825-7982 FAX (936) 825-8013

Janice Marie Gibson  
1616 Hwy 365 #27  
Nederland, Texas 77627

April 24, 2003

RE: Unique Dawning, inc.  
Bankruptcy #99-39450-H3-7

Dear Ms. Gibson:

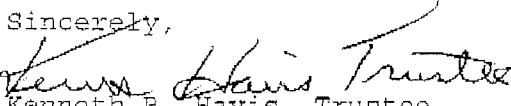
I am the Trustee of the captioned bankruptcy estate. In reviewing the claims filed, I noticed that you had filed four Proof of Claims. (claim #27, filed 1/13/2000, in the amount of \$200.00 in Summit and claim #55, filed 1/13/2000, in the amount of \$200.00.00 in Summit and claim #18 filed 1/13/2000, in the amount of \$ 200.00 in UDICMHC. and claim #55 in the amount of \$ 200.00 filed on 1/13/2000 in UDI. ).

The U.S. Trustee is now requiring Trustees to have claim amounts and status cleared up or object to the claim. Therefore, I ask that you please sign the statement at the bottom of this letter indicating your withdrawal of three of the claims and return it to me by facsimile or by mail within 10 days of the date of this letter.

If the Trustee does not receive a reply on or before May 2, 2003 he will file an objection to your claims.

Thank you for your assistance.

Sincerely,

  
Kenneth R. Havis, Trustee

S-1-03

DATE

Unique Dawning, Inc.  
99-39450-H3-7

I STATE THAT I AM the same Janice Gibson who filed claim #27,55,18 &55.

I WISH TO withdraw PROOF OF CLAIM:

- ☒ #55 filed 1/13/2000 in the amount of \$200.00 in UDI.
- ☒ #18 filed 1/13/2000 in the amount of \$200.00 in UDICMHC
- ☐ #27 filed 1/13/2000 in the amount of \$200.00 in Summit
- ☒ #55 filed 1/13/2000 in the amount of \$200.00 in Summit

  
SIGNATURE